

OFFICE OF CONGRESSWOMAN CANDICE S. MILLER

INTERNSHIP APPLICATION



Contact Information:

Name: _____ Date of Application: _____

Permanent Address: _____
(Street) (City) (ST) (Zip)

Permanent Home Phone Number: _____

School/Temp. Address (if different): _____
(Street) (City) (ST) (Zip)

School/other Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Are you are United States Citizen? _____ Are you a Michigan Resident? _____

Parent/Guardian Name (if under age 18) _____

Academic Information:

Name of School or College: _____ Major: _____

Year of Graduation: _____ Will you receive college credit for your internship? _____

Internship Requirements: _____

Internship Dates Requested: _____

Background:

I am interested in serving as an intern in the following office:

☐ Washington DC ☐ District Office (Shelby Township)

Dates & Times Available: _____

☐ Full-time preferred ☐ Part-time preferred

Have you ever served as an intern? _____ When & Where: _____

Involvement in Community Service/Extracurricular Activities: _____

References: (please include name, occupation & phone number)

1. _____
2. _____
3. _____

Application Packet:

Your packet should include the following:

1. Completed application
2. Cover letter
3. Resume
4. Two letters of recommendation
5. A brief writing sample

Please submit your application packet to the location where you would like to fulfill your internship:

Congresswoman Candice S. Miller
Attn: Intern Coordinator
508 Cannon HOB
Washington, DC 20515

Congresswoman Candice S. Miller
Attn: Intern Coordinator
48653 Van Dyke Avenue
Shelby Township, Mi 48317